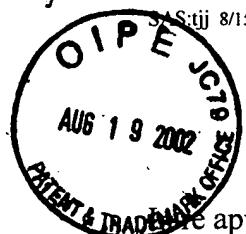


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SAS:jj 8/15/02 4239-61725 E-258-98/2



PATENT
Attorney Reference Number 4239-61725

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

The application of: Kashmire et al.

Application No. 09/830,748

Filed: April 30, 2001

For: VARIANTS OF HUMANIZED ANTI-CARCINOMA MAB CC49

Examiner: Not yet assigned

Date: August 15, 2002

Art Unit: Not yet assigned

CERTIFICATE OF MAILING

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service on August 15, 2002, as First Class Mail in an envelope addressed to: COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231.

Susan Alpert Siegel, Ph.D.
Agent for Applicant

TRANSMITTAL LETTER

COMMISSIONER FOR PATENTS
WASHINGTON, DC 20231

Enclosed for filing in the application referenced above are the following:

- Information Disclosure Statement
 - Form 1449 and references cited thereon
- The Director is hereby authorized to charge any additional fees that may be required, or credit over-payment, to Deposit Account No. 02-4550. A copy of this sheet is enclosed.
- Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kashmiri et al.

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Susan Alpert Siegel, Ph.D.
Agent for Applicant

INFORMATION DISCLOSURE STATEMENT
PURSUANT TO 37 C.F.R. § 1.97(b)(3)

COMMISSIONER FOR PATENTS
WASHINGTON, DC 20231

Listed on the accompanying form PTO-1449 and enclosed herewith are several English-language documents. Applicants respectfully request that these documents be listed as references cited on the issued patent.

Applicants filed this Information Disclosure Statement ("IDS") before the mailing date of a first Office action on the merits. As a result, no fee should be required to file this IDS. However, if the Patent Office determines that a fee is required for Applicants to file this Information Disclosure Statement, please charge any such fees, or credit overpayment, to Deposit Account No. 02-4550. A **duplicate** copy of this Information Disclosure Statement is enclosed.

Respectfully submitted,

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